

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011978

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: CENTRO DE ADORACION DE PALM BEACH, CORP.

**Current Principal Place of Business:**

104 BROWARD AVENUE  
GREENACRES, FL 33463 US

**New Principal Place of Business:**

2525 NW. 10 AVE.  
108  
MIAMI, FL 33127 US

**Current Mailing Address:**

104 BROWARD AVENUE  
GREENACRES, FL 33463 US

**New Mailing Address:**

2525 NW. 10 AVE.  
108  
MIAMI, FL 33127 US

FEI Number: 20-5905284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENDOZA, JAVIER  
7289 NW 173 DR  
#103  
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

NIEVES, SAMUEL  
2525 N.W. 10 AVE.  
#108  
MIAMI, FL 33127 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MELVIN MARTINEZ

04/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MENDOZA, JAVIER  
Address: 7289 NW 173 DR#103  
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete  
Name: MARTINEZ, BELARMINIO  
Address: 931 NW 140 STREET  
City-St-Zip: MIAMI, FL 33168 US

Title: D ( ) Delete  
Name: MARTINEZ, MELVIN J  
Address: 931 NW 140 STREET  
City-St-Zip: MIAMI, FL 33168 US

Title: D ( ) Delete  
Name: WILLS, MARTHA B  
Address: 7289 NW 173 DR  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NIEVES, SAMUEL  
Address: 2525 N.W. 10 AVE.APT.108  
City-St-Zip: MIAMI, FL 33127

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: NIEVES, YOLANDA  
Address: 2525 N.W. 10 AVE.  
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL NIEVES

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date